Remarks

Claims 1-50 are pending.

Claims 1-50 stand rejected.

Claims 1, 17, 21, 37 and 41 have been amended.

Claims 1-50 are submitted herein for review.

No new matter has been added.

In paragraph 1 of the Office Action the Examiner has rejected Fig. 13 because the reference numeral "235" has been used to designate both 235 and 240 in Fig 13. Applicants respectfully disagree. The reference numeral 235 as discussed in the specification on page 35, lines 14-15, is referring to a "patient identification number or name."

As further indicated on page 38, lines 7-11, this patient identification number 235 is the same in both patient access information region 215 and doctor access information region 220. For example, the patient would access the file using patient identification number 235 and password 240. The doctor would access the file using the same patient identification number 235 and the PIN (access code 245), assuming the patient has provided it to the doctor in area 206 of patient information portion 205 of form 200.

As such, the reference numeral 235 is properly used to identify the same element which is positioned in two separate location in the figure.

In paragraph 2 of the Office Action the Examiner has objected to Fig. 15, because reference numeral "1705" has been used to designate both 1705 and 1720. Applicants have amended Fig. 15 accordingly and respectfully request that this rejection be withdrawn.

In paragraph 3 of the Office Action the Examiner has objected to Fig. 16 because reference numeral "1820" has been used to designate both 1810 and 1820. Applicants have amended Fig. 16 accordingly and respectfully request that this rejection be withdrawn.

In paragraph 4 of the Office Action the Examiner has objected to Figs. 2a and 2b because reference numeral "22" has been used to designate both 21 and 22. Applicants have amended Fig. 16 accordingly and respectfully request that this rejection be withdrawn.

In paragraph 5 of the Office Action the Examiner has rejected Figs. 1, 10, 11 and 13, for failing to include the reference numerals 138 (Fig. 1), 1035 (Fig. 10), 21a and 21b (Fig. 11) and 210, 220 and 230. Applicants have added reference numeral 138 to Fig. 1, reference numeral 1035 to Fig. 10 (in Fig. 10(b)), reference numerals 21a and 21b to Fig. 11, and reference numerals 210, 220 and 230 to Fig. 13 and respectfully request that this rejection be withdrawn.

In paragraph 6 of the Office Action, the Examiner has objected to Figs. 9, 10A & 10B and Fig. 16, for containing reference numerals not described in the specification. Applicants have removed reference numeral 970 from Fig. 9 and reference numeral 1825 from Fig. 16 and respectfully request that this rejection be withdrawn. It is noted that the Examiner mentioned Figs. 10a and 10b as containing a reference numeral not described in the specification. However, the reference numeral in question was not identified and all of the elements on those two figures 1000-1095 are described in the specification.

In paragraph 7 of the Office Action the Examiner has objected to Figs. 13 and 15 for containing incorrectly labeled elements according to the corresponding information in the specification. Applicants have amended the specification and the figures accordingly so as to eliminate any confusion and respectfully request that these objections be withdrawn.

In particular, changes were made to paragraphs [0088], [0089] and [0093] clarifying the appropriate element names for 210, 215, 220 and 230. Access information region 210 is the lower half of form 200. Patient access information region 215 and doctor access information region 220 are subset areas on access information region 210, both of which are covered by a scratch off area 230. Also, regarding Fig. 15, reference numerals 1725a and 1725b, were amended to point to the correct element as described in the specification.

In paragraph 10 of the Office Action, the Examiner has rejected claims 1-3, 17-19, 21-13, 31 and 37-39 under 35 U.S.C. § 102(e) as being anticipated by Kara (U.S. Patent No. 6,088,695). In paragraph 12 of the Office Action the Examiner has rejected claims 4, 5, 20, 24, 25, 40 and 41 under 35 U.S.C. § 103(a) as being unpatentable over Kara in view of Lake et al. (U.K. Patent No. 2,244,625). In paragraph 13 of the Office Action, the Examiner has rejected claims 6-9 and 26-29 under 35 U.S.C. § 103(a) as being unpatentable over Kara and Lake further in view of Feinberg (U.S. Patent No. 6,082,). In paragraph 14 of the Office Action, the Examiner has rejected claims 10-16, 30-36 and 41-50 under 35 U.S.C. § 103(a) as being unpatentable over Kara and Lake and Feinberg further in view of Schoenberg (U.S. Patent No. 6,463,417).

Applicants respectfully disagree with the Examiner's contentions and submit the following remarks in response.

The present invention as claimed in independent claim 1 is directed to a system having a facsimile device configured to transmit a facsimile image of an original document along with a separate facsimile form having a coded information thereon. The coded information is used to associate the original document with an account.

An interactive user device is provided and a processor coupled to the interactive user

device via Internet and to the facsimile device via a public-switched telephone network. The processor is configured to receive from the facsimile device a transmission of the facsimile image of the original document and the separate facsimile form. The processor is further configured to provide to an authorized user of the interactive user device, upon request, access to the facsimile image of the original document from the account associated with the coded information.

Independent claims 17 and 41 claim systems having similar elements. Likewise, independent 21 and 37 are directed to methods of operating systems having similar elements.

In this configuration, the present invention is able to provide a cost effective and easy to operate means for storing data for a particular account, such as medical files, in a single location. This arrangement allows the creator of an original document to simply attach a separate coded facsimile cover sheet to the original document and transmit them together via a fax machine to a central system where they are stored. Then, upon request, an authorized user of the account can simply request to view the original documents. All that is necessary is a facsimile machine.

Such an arrangement is a vast improvement over the prior art because it eliminates the need for complicated encryption and decoding equipment on the side of the document originators as well as on the side of the document receivers. This avoids any complications caused when many non-related entities are generating the original documents, who may not all share the same access to sophisticated equipment. For example, when a single patient (account holder) uses many non-affiliated doctors, the present system enables each of them, regardless of their equipment, to transmit the original medical records to the patient's account, ensuring complete medical records for the account holder.

The cited prior art, namely, Kara teaches a system for transmitting coded medical data to a central computer filing system, where the data can be accessed at a later date by other users. In particular Kara uses a system where original data is first generated and *then encoded prior to transmission to the central system*, requiring a scanner and encoding software at the records origin location. As explained in lines 48-62 of column 4, Kara requires that the original document 100A be converted into an encoded document 100B so that it is "suitable for transmission to and subsequent input into a centralized processor based system such as PC 120."

The cited prior art, namely Lake, teaches a facsimile transmission encryption system whereby a barcode is used to send encrypted data between machines, capable of reading the particular code, such that if sensitive material is transmitted to an incorrect facsimile number, the errant receiving machine will not be able to decrypt the contents of the facsimile. As explained on pages 6 and 7 of the Lake reference, the facsimile machines require a computer system operatively connected with the facsimile machine for adding the outgoing encryption bar code or reading the incoming encrypted barcode.

The cited prior art, namely Feinberg, is directed to a personal data card which contains a certain amount of personal information in a person readable format, and an elaborate coding mechanism for converting confidential medical data into a series of barcodes. Each area of the bar coding is assigned to different aspects of the patent's medical history so that patient can carry their entire medical history on their person in case of emergency.

The cited prior art, namely Schoenberg, is directed to an accessing system that assigns different levels of security to patient's stored medical records, so that the patient can adjust the levels of access to be granted to particular medical care providers on the system.

Contrary to the Examiner's assertions the cited prior art does not teach all of the elements of the present invention as claimed in claim 1. For example, there is no teaching or suggestion in any of the cited prior art, either alone or in combination with one another, that disclose a facsimile device configured to transmit a facsimile image of an original document along with a separate facsimile form having a coded information thereon.

As discussed in detail above, the Kara and Long references both disclose the transmission of encoded data requiring complicated encryption software at the transmission end in order to first encode the data before transmission. Such systems are not analogous to the present invention where original documents are transmitted with a separate cover sheet that includes an account associating code.

Likewise, neither the Feinberg nor Schoenberg references disclose the transmission of original documents. The encoding of the medical data on the cards in Feinberg is not analogous to the transmission of original documents with a separate facsimile cover form with an account associating code as claimed in the present invention. Similarly, the Schoenberg reference merely teaches a multi-level encryption for use medical records and is thus not related to the present invention as claimed.

Yet another element of the present invention as claimed in claim 1 that is not taught in any of the cited prior art references is the processor, configured to receive the facsimile image of the original document and the separate facsimile form and to provide, upon request, access to the facsimile image of the original document from the account associated with the coded information.

Such an arrangement is completely dissimilar to that taught in both Kara and Lake where

the processors are specifically required to receive encoded data, as explained above, rather than original documentation as in the present invention. Likewise, neither the Schoenberg nor Feinberg references teach any similar processor configured to receive original documents and separate facsimile forms as claimed in the present invention.

As such, Applicants respectfully request that the rejection of claim 1 be withdrawn. Likewise, for the same reasons as outlined above, Applicants respectfully request that the rejection of independent claims 17, 21, 37 and 41 also be withdrawn. Furthermore, as claims 2-16, 18-20, 22-26, 38-40 and 41-50 depend thereform, respectively, the rejections to these claims should be withdrawn as well for the same reasons.

Applicants respectfully submit that pending claims 1-50 are now in condition for allowance, the earliest possible notice of which is earnestly solicited. If the Examiner feels that an interview would facilitate the prosecution of this Application he is invited to contact the undersigned at the number listed below.

Respectfully submitted,

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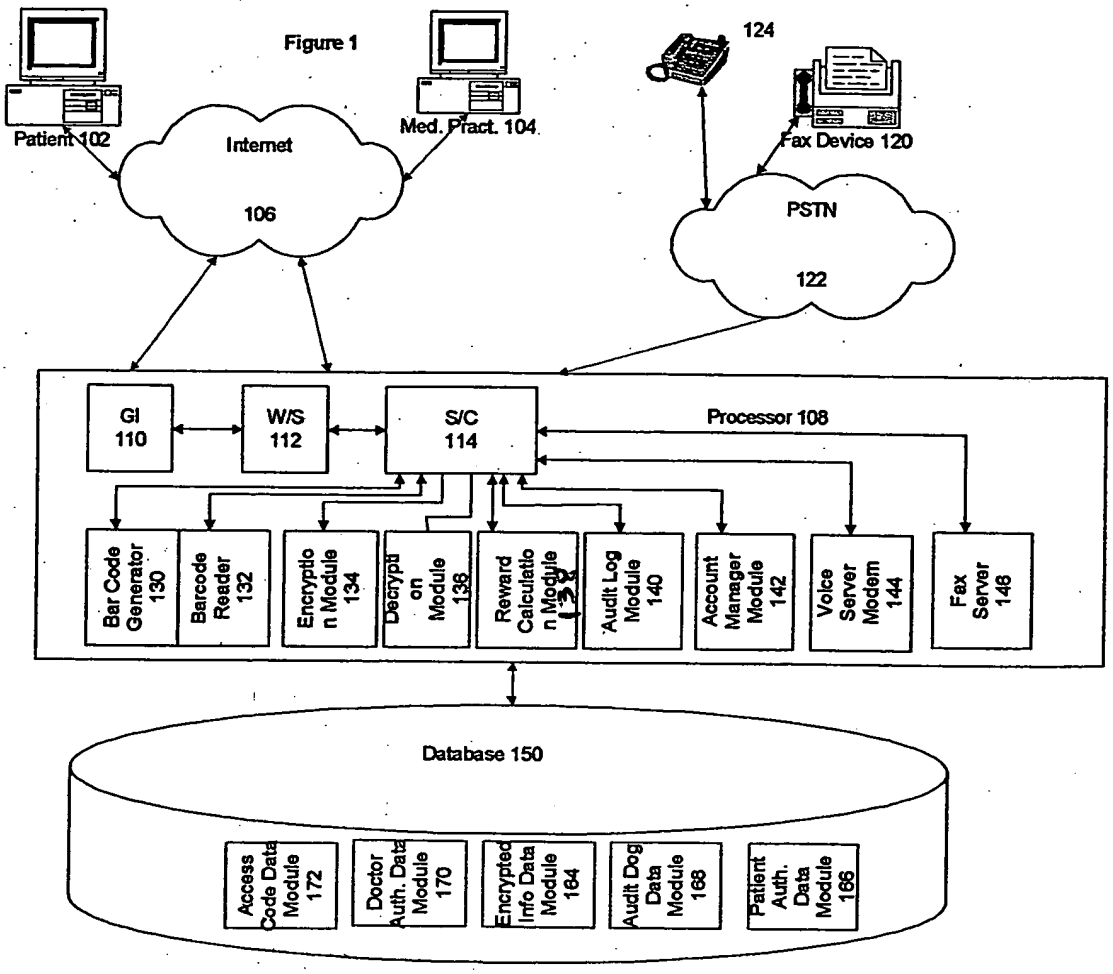
Dated: 3/24/04

Figure 1



Annotated Sheet Showing Changes

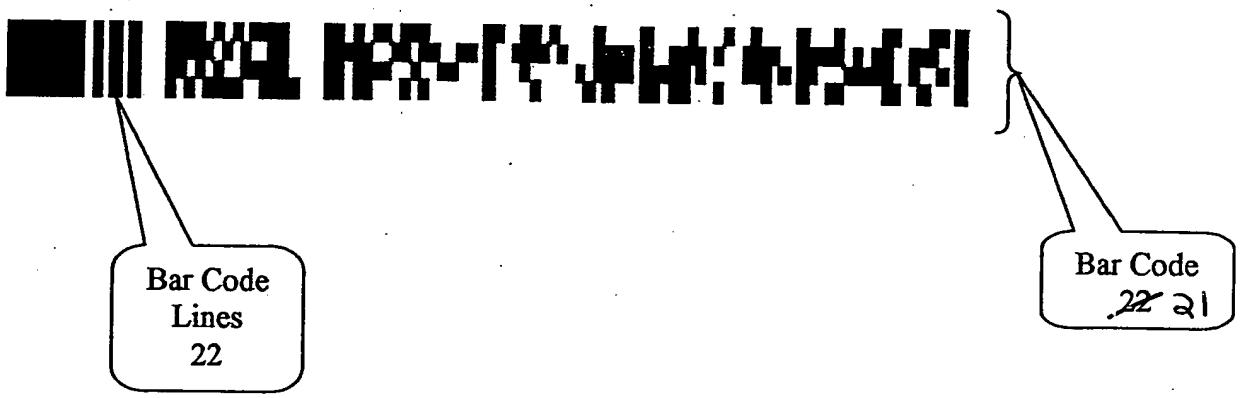
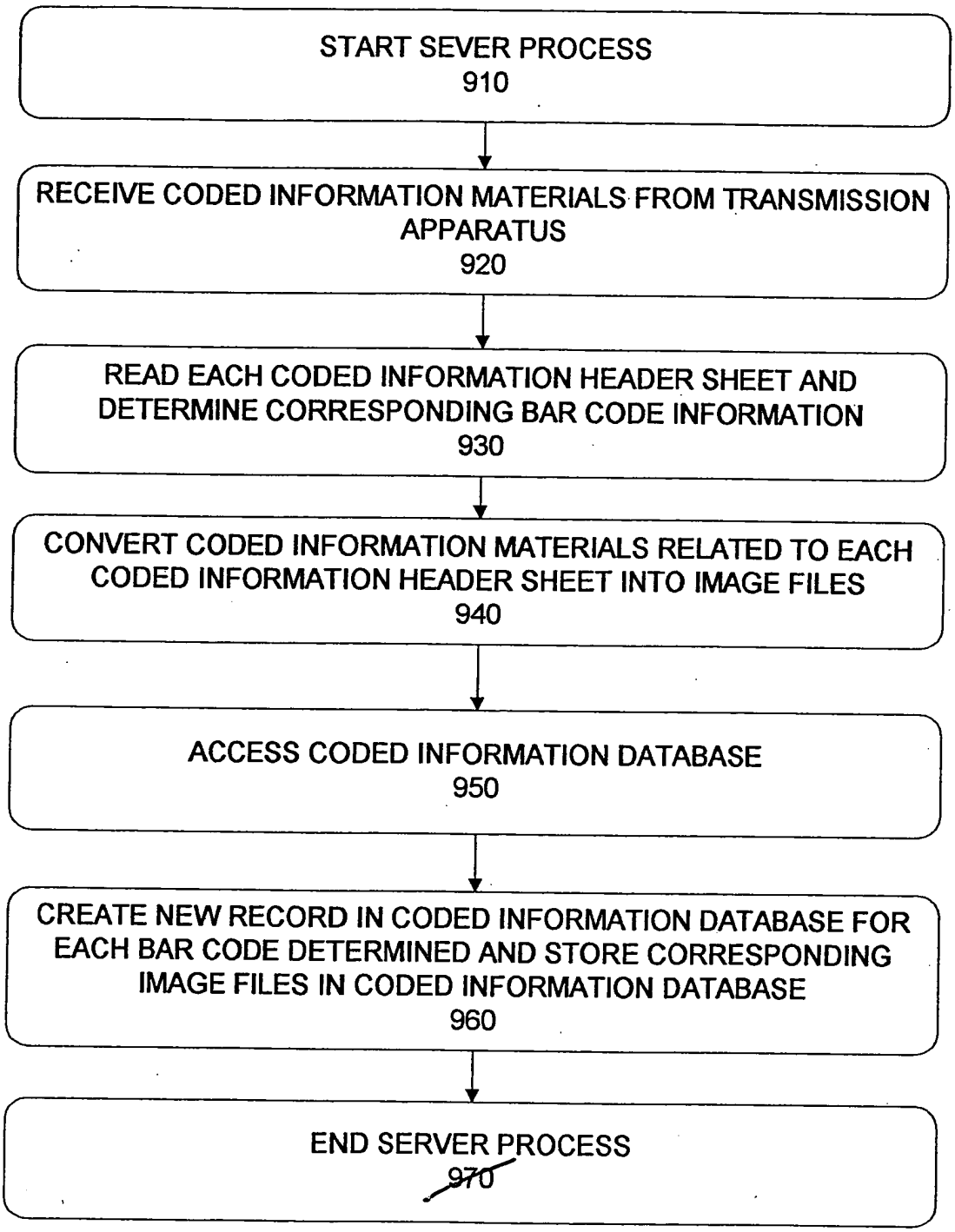


Figure 2 (a)

Figure 2 (b)

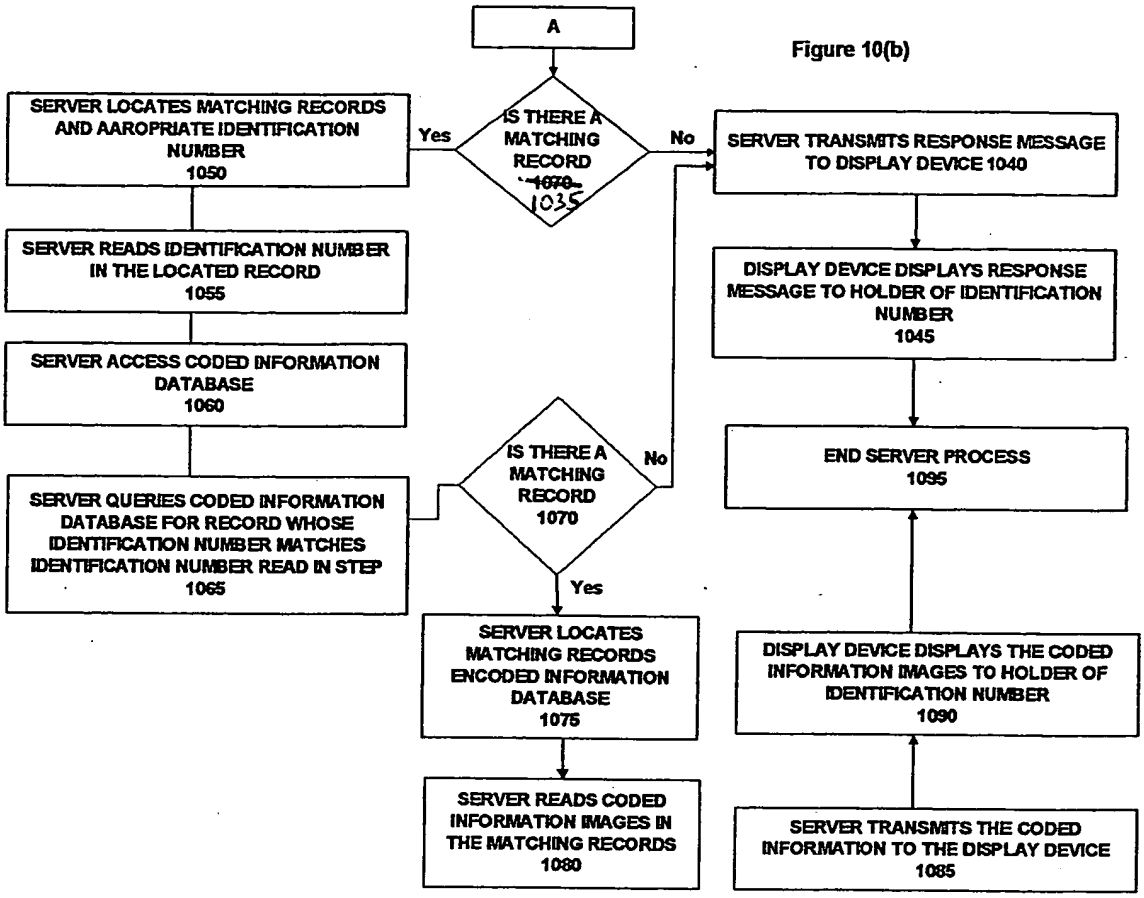
Annotated Sheet Showing Changes

Figure 9



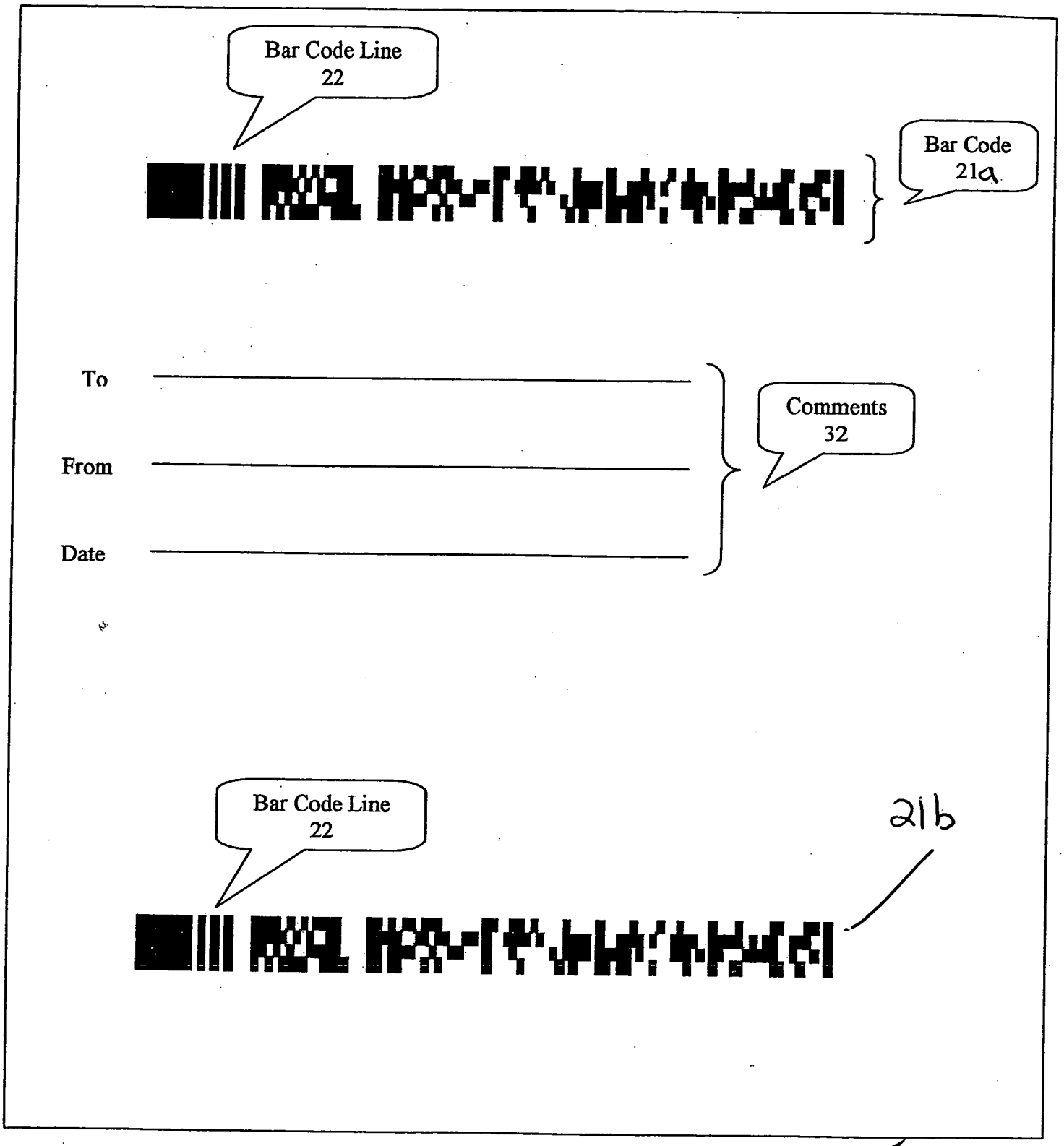
Annotated Sheet Showing Changes

Figure 10(b)



Annotated Sheet Showing Changes

Figure 11



Annotated Sheet Showing Changes

MyMedicalFiles (MMF)

225

0000039806

Reusable Fax Cover Page **Fax To: 1 (917) 322 2227**

Patient Name (Print) _____ Date of Birth / /
First Last

I authorize my physician to fax in my medical files to MMF Systems, Inc. I authorize MMF Systems, Inc. to charge my credit card $35.00 plus sales tax.

Patient Signature _____ Card Holder's Signature _____
(fill only if different from patient)

Credit Card Number | | | | | | | | | | | | | | | | Expiration Date Month | | Year | |

Patient Information

Phone ( ) _____ Email _____

Address _____ City _____ State _____ ZIP _____

205

To allow your Physician to view your medical files, copy the PIN from your MMF card into the box below.

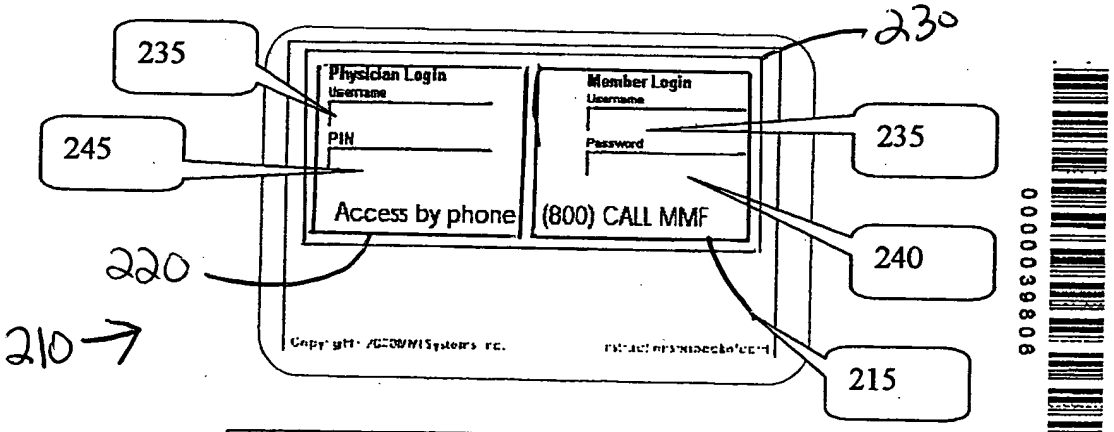
206

Username 39806 | Enter PIN to allow Physician access

Instructions for the Physician's Office:

Step 1: Use Fax Cover Page to send the medical records selected by physician

Step 2: Keep this Fax Cover Page in MMF Manual or in your files.



IMPORTANT: Verify medical records being faxed belong to patient above.

200

Annotated Sheet Showing Changes

Figure 13

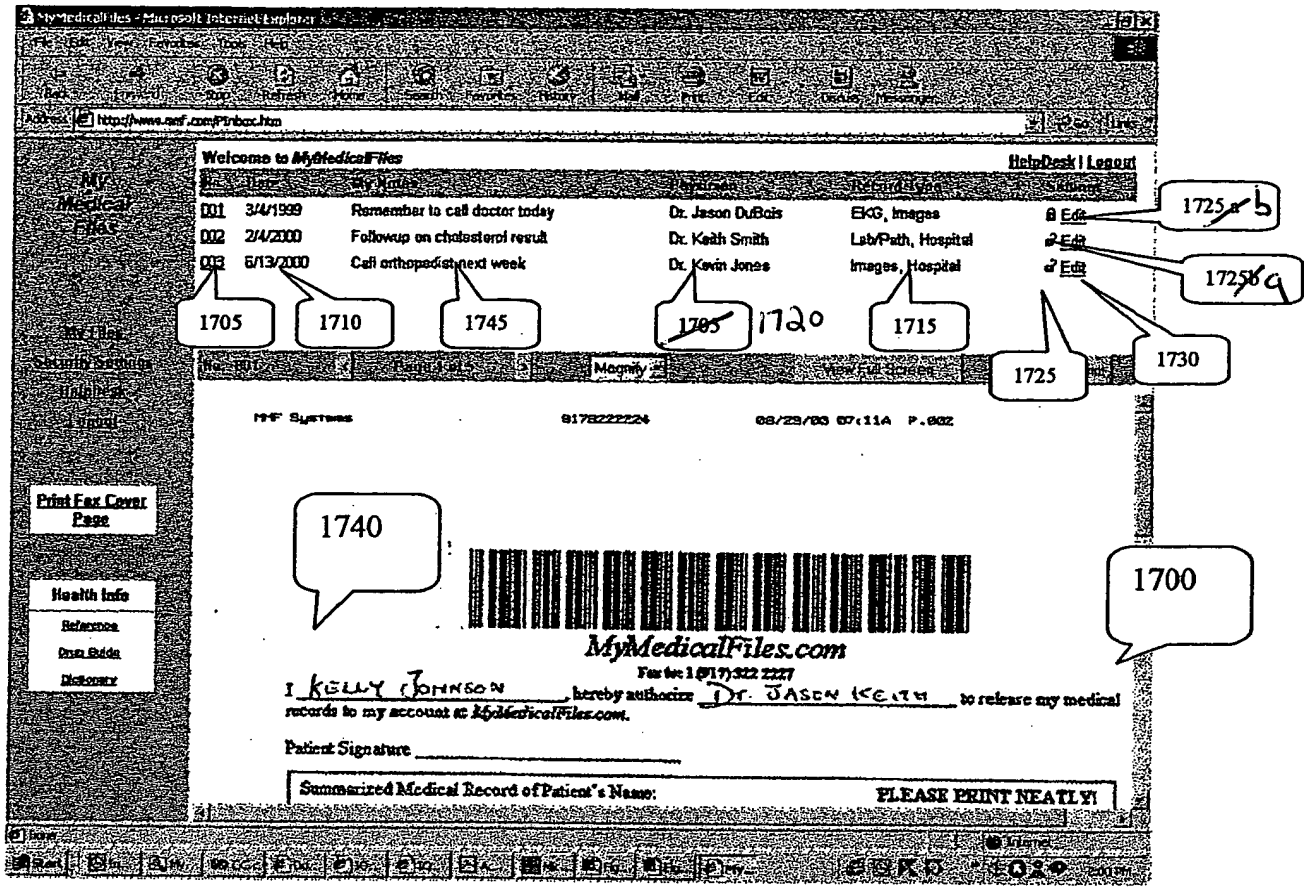


Figure 15

Annotated Sheet Showing Changes

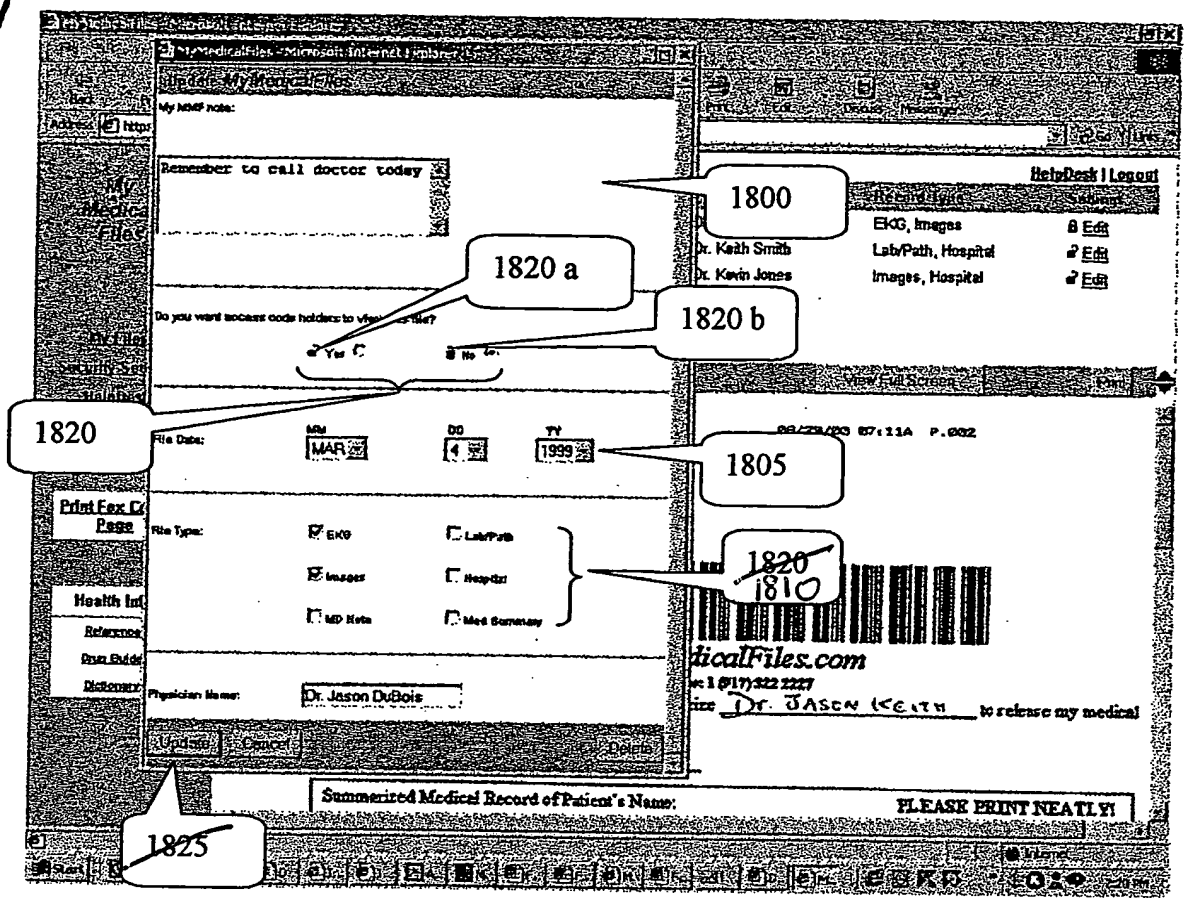


Figure 16

Annotated Sheet Showing Changes